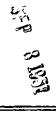
| . No.3 | ባለ | " DIED NOV | / O.E. 10E0 | THE DIVISION OF HEALTH OF MISSOURI | | | | 39556 | |
|-----------|------------------|--|--|--|--------------------------------------|---------------------------------------|-----------------------|--|--|
| 10.4 | | FILED NOV | / 25 1950 | STANDARD | CERTIF | ICATE OF DE | ATH | State File No | |
| | | BIRTH NO. | | _ REG. DIST. NO | 337 | PRIMARY REG. DIST. | | Registrar's No. | 92 |
| ا مد ه | 0 | a. COUNTY | Shelly | | | | no | P' COUNTA 2 | belley 1020 |
| / | , | b. CITY (If outside co. OR TOWN | epurate limits, write RI | township) STAY | ENGTH OF Y (in this place) | c. CITY (If outside eo. | | URAL and give town | |
| Č | | d. FULL NAME OF (HOSPITAL OR INSTITUTION | ilf not in hospital or in | nstitution, give street addres | | d. STREET ADDRESS | (If rural, give locat | don) | |
| 1 | | 3. NAME OF DECEASED (Type or Print) | a. (First) | b. (Midd | · . | c. (Last) | 4. DAT | 7 7 | (Day) (Year) |
| | NEN | 5. SEX 6. | COLOR OR RACE | 7. MARRIED, NEVER A | MARRIED, | 8. DATE OF BIRTH | lest bi | H HOV- E (In years of UNDER birthday) Months | 1 YEAR D'UNDER 21 HES. Days Hours Min. |
| 17.00 | FERMANENT RECORD | 10a. USUAL OCCUPATIO | ON (Give kind of work | 10b. KIND OF BUSINI | ESS OR IN- DUSTRY | 11. BIRTHPLACE (State | | 47 1 | 12. CITIZEN OF WHAT |
| • | ∢ | 13a. FATHER'S NAME | P·L | | R'S MAIDEN | NAME Pecond | | HUSBAND OR WIF | U.S.A. |
| 36170 | MARE | 15. WAS DECEASED EVER | ER IN U.S. ARMED F | of sarvice) | | 17. INFORMANT | S SIGNATURE | OR NAME | ADDRESS Clycill Ma |
| ANI | - ANI | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | I. DISEASE OR CO | ONDITION (a) | IEDICAL C | | hisian | V 74-14 | INTERVAL BETWEEN ONSET AND DEATH |
| | DEACH CONTRACT | *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- | ANTECEDENT CAR Morbid conditions, rise to the above can the underlying caus | e, if any, giving DUE TO | (b) fax | the was | Styring Wh | en a fir | |
| | - II | ease, in jury, or complica- tion which caused death. | Conditions contribu | DUE TO FICANT CONDITIONS ruling to the death but not se or condition causing dea | | · · · · · · · · · · · · · · · · · · · | | 4/5 | 01 |
| TAKADING | UMEA | 19a. DATE OF OPERATION | · | DINGS OF OPERATION | | | | | 20. AUTOPSY7 |
| 5.X18.11- | - 11 | SUICIDE HOMICIDE | (Specify) 21 | 21b. PLACE OF INJURY (e., tome, farm, factory, street, off | g., in or about fice bldg., etc.) | 21c. (CITY, TOWN, OR | TOWNSHIP) | (COUNTY) | (STATE) |
| | | 21d. TIME (Month) OF INJURY | (Day) (Year) (H | Hour) 21e. INJURY C | OCCURRED OT WHILE AT WORK | 21f. HOW DID INJURY | OCCURT | | |
| PLAINLY | | 2. I hereby certify that I attended the deceased from New (4, 1950, to Nort (4, 1950, that I last saw the deceased alive on U. 14, 1950, and that death occurred at 5000 m., from the causes and on the date stated above. | | | | | | | |
| | · # | 23a. SIGNATURE | Prale | ex W.D. | ree or title) | Shirt | ville M | o ' .: | 23c. DATE SIGNED |
| WRITE | | ZAB. BURIAL, CREMA- TION, REMOVAL (Breedly) | nor-16- | -1950 Lewis | town. | Personal Benefits | Lewist | lity, town, or coun | mo |
| | | DATE REC'D BY LOCAL REG. //-/8-50 | REGISTRAR'S SIG | garries. | 110 | Coder 1 | Enneral 6 | re ad Goor Lac | intown the |
| | | | • | (Licensed F | mbalmer's St | tatement on Reverse Sid | ie) | | |



Date Received: DISTRICT HEALTH OFFICE #2 District File Number 11-50-1961

Date Filed: NOV 2 2 100

STATEMENT BY LICENSED EMBALMER

| I hereby certify that the body whose nan | ne is recorded on the reverse side of this o | certificate was embalmed by me, or by | <u> </u> |
|--|--|---------------------------------------|----------|
| | E. P. Fhompin | Student Embalmer No | , |
| working under my personal supervision. | 7 | | |

| nder my personat supervision. | |
|-------------------------------|-----------------------|
| | Signed & P. Phonefron |

Licensed Embalmer No. 1632 Shellyville, Mo Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.